

O.C.  
6/19  
AG

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | TK       |        | 4/18/20 |
| O.I.P.E. CLASSIFIER       |          |        | 4/28/20 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        | 5/13/20 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim             | Date |
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| Claim             | Date |
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| Claim             | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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